

01/09/03  
Cost & Use  
2000

**MEDICARE CURRENT BENEFICIARY SURVEY**  
Service Summary

RIC: SS  
Page: 1  
Version: 1

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
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The Service Summary file summarizes utilization and expenditure data by each of nine different types of service, with detail of expenditures for each by payer. Note that there are two sets of payment/expenditure variables, such as AAMTTOT and SAMTTOT. The series of variables beginning with A are payments during periods covered by interviews. Those beginning with S are payments during periods covered by interviews plus estimated payments for periods not covered by interviews, if any. There are nine records for each person in the sample.

RIC	1	2					C SERVICE SUMMARY RECORD
VERSION	3	1					C VERSION NUMBER
BASEID	4	8					C UNIQUE IDENTIFICATION NUMBER
EVNTTYPE	13	2	\$EVNTTYP				C TYPE OF EVENT
				13,015			DU DENTAL
				13,015			FA FACILITY
				13,015			HH HOME HEALTH
				13,015			HP HOSPICE
				13,015			IP INPATIENT
				13,015			IU INSTITUTIONAL UTILIZATION
				13,015			MP MEDICAL PROVIDER
				13,015			OP OUTPATIENT
				13,015			PM PRESCRIBED MEDICINE
AAMTTOT	15	10	MONYFMT				N TOS LEVEL: ADJ SUM OF TOTAL EXPENDITURES
				117,135			AMOUNT AS \$\$\$\$\$\$.CC
AAMTCARE	25	10	MONYFMT				N TOS LEVEL: ADJ SUM OF MEDICARE
				117,135			AMOUNT AS \$\$\$\$\$\$.CC
AAMTCAID	35	10	MONYFMT				N TOS LEVEL: ADJ SUM OF MEDICAID
				117,135			AMOUNT AS \$\$\$\$\$\$.CC
AAMTHMOM	45	10	MONYFMT				N TOS LEVEL: ADJ SUM OF MCARE HMO
				117,135			AMOUNT AS \$\$\$\$\$\$.CC
AAMTHMOP	55	10	MONYFMT				N TOS LEVEL: ADJ SUM OF PRIV HMO
				117,135			AMOUNT AS \$\$\$\$\$\$.CC
AAMTVA	65	10	MONYFMT				N TOS LEVEL: ADJ SUM OF VA
				117,135			AMOUNT AS \$\$\$\$\$\$.CC
AAMTPRVE	75	10	MONYFMT				N TOS LEVEL: ADJ SUM OF PRIV INS EMPLOYER
				117,135			AMOUNT AS \$\$\$\$\$\$.CC
AAMTPRVI	85	10	MONYFMT				N TOS LEVEL: ADJ SUM OF PRIV INS INDV
				117,135			AMOUNT AS \$\$\$\$\$\$.CC
AAMTPRVU	95	10	MONYFMT				N TOS LEVEL: ADJ SUM OF PRIV INS UNKNOWN
				117,135			AMOUNT AS \$\$\$\$\$\$.CC

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AAMTOOP	105	10	MONYFMT				N TOS LEVEL: ADJ SUM OF OOP 117,135 AMOUNT AS \$\$\$\$\$\$.CC
AAMTDISC	115	10	MONYFMT				N TOS LEVEL: ADJ SUM OF UNCOLLECTD LIABLT 117,135 AMOUNT AS \$\$\$\$\$\$.CC
AAMTOTH	125	10	MONYFMT				N TOS LEVEL: ADJ SUM OF OTHER 117,135 AMOUNT AS \$\$\$\$\$\$.CC
AEVENTS	135	4					N TOS LEVEL: ADJ COUNT OF EVENTS
SAMTTOT	139	10	MONYFMT				N TOS LEVEL: SUM OF TOTAL EXPENDITURES 117,135 AMOUNT AS \$\$\$\$\$\$.CC
SAMTCARE	149	10	MONYFMT				N TOS LEVEL: SUM OF MEDICARE 117,135 AMOUNT AS \$\$\$\$\$\$.CC
SAMTCAID	159	10	MONYFMT				N TOS LEVEL: SUM OF MEDICAID 117,135 AMOUNT AS \$\$\$\$\$\$.CC
SAMTHMOM	169	10	MONYFMT				N TOS LEVEL: SUM OF MCARE HMO 117,135 AMOUNT AS \$\$\$\$\$\$.CC
SAMTHMOP	179	10	MONYFMT				N TOS LEVEL: SUM OF PRIV HMO 117,135 AMOUNT AS \$\$\$\$\$\$.CC
SAMTVA	189	10	MONYFMT				N TOS LEVEL: SUM OF VA 117,135 AMOUNT AS \$\$\$\$\$\$.CC
SAMTPRVE	199	10	MONYFMT				N TOS LEVEL: SUM OF PRV INS EMPLOYER 117,135 AMOUNT AS \$\$\$\$\$\$.CC
SAMTPRVI	209	10	MONYFMT				N TOS LEVEL: SUM OF PRIV INS INDV 117,135 AMOUNT AS \$\$\$\$\$\$.CC
SAMTPRVU	219	10	MONYFMT				N TOS LEVEL: SUM OF PRV INS UNKNOWN 117,135 AMOUNT AS \$\$\$\$\$\$.CC
SAMTOOP	229	10	MONYFMT				N TOS LEVEL: SUM OF OOP 117,135 AMOUNT AS \$\$\$\$\$\$.CC
SAMTDISC	239	10	MONYFMT				N TOS LEVEL: SUM OF UNCOLLECTED LIABILITY 117,135 AMOUNT AS \$\$\$\$\$\$.CC
SAMTOTH	249	10	MONYFMT				N TOS LEVEL: SUM OF OTHER 117,135 AMOUNT AS \$\$\$\$\$\$.CC
SEVENTS	259	4					N TOS LEVEL: COUNT OF EVENTS

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